

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION  
FUND

ADDRESS (number and street)

330 WEST 42ND STREET, 7TH FLOOR

☐Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344531

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 1 0

through

1 1

2 2

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KEVIN FINNEGAN

Signature of Treasurer

Electronically Filed by KEVIN FINNEGAN

Date

1 2

0 2

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION  
FUND

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
1 1D D  
2 2Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		52428.83
(b) Cash on Hand at Beginning of Reporting Period .....	60348.89	
(c) Total Receipts (from Line 19) .....	115318.89	670839.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	175667.78	723268.63
7. Total Disbursements (from Line 31) .....	108182.30	655783.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67485.48	67485.48
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION  
FUND

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
1 1D D  
2 2Y Y Y Y  
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	102.00	128.00
(ii) Unitemized .....	115204.09	670472.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	115306.09	670600.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	115306.09	670600.84
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	12.80	238.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	115318.89	670839.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	115318.89	670839.80

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	1930.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1930.00	
22. Transfers to Affiliated/Other Party Committees.....	100000.00	643870.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	8182.30	9983.15	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	108182.30	655783.15	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	108182.30	655783.15	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	115306.09	670600.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	115306.09	670600.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1930.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1930.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 8

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

EVANA CAMILLE

Mailing Address 1347 EAST 66TH STREET, PVT

City

BROOKLYN

State

NY

Zip Code

11234

FEC ID number of contributing federal political committee.

C

Name of Employer

CABS HOME ATTENDANTS SERVICE

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4530

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

**B.**

Full Name (Last, First, Middle Initial)

CHARMAINE ROSSI

Mailing Address 178 EAST 95TH ST., #A8

City

BROOKLYN

State

NY

Zip Code

11212

FEC ID number of contributing federal political committee.

C

Name of Employer

CABS HOME ATTENDANTS SERVICE

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period

52.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) .....

102.00

**TOTAL** This Period (last page this line number only) .....

102.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

SEIU COPE FUND

Mailing Address 1313 L STREET, N.W.

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.4531

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100000.00

SUBTOTAL of Disbursements This Page (optional) .....

100000.00

TOTAL This Period (last page this line number only) .....

100000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

1199 SEIU FEDERAL PAF

Mailing Address 330 WEST 42ND STREET, 7TH FL

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.4532

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

8167.30

**B.**

Full Name (Last, First, Middle Initial)

TD BANK

Mailing Address 1710 ROUTE 70 EAST

City CHERRY HILL State NJ Zip Code 08034

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.4533

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8182.30

**TOTAL** This Period (last page this line number only) .....

8182.30